

AUTO CR - LOG SUMMARY #1070411

TYPE: INFO

Incident Finding / Overall Case Finding

| Description of Incident | Finding | Entered By | Entered Date |
|---|----------------|------------|--------------|
| IT IS REPORTED THAT THE INVOLVED MEMBER DISCHARGED HIS WEAPON TO DESTROY A PITBULL DOG THAT CHARGED AT HIM. | (None Entered) | | |

Reporting Party Information

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|-----------------------------|-----------------|---------|-----------|--------------------------|-----|------|---------|-------|
| CPD Employee | Reporting Party Third Party | NICOL, EDWARD R | 2376 | | 022 / SERGEANT OF POLICE | M | WHI | | |

Incident Information

| Incident From Date/Time | Address of Incident | Beat | Dist. Of Occurrence | Location Code | Location Description |
|---------------------------------------|---------------------|------|---------------------|---------------|----------------------|
| 17-JUL-2014 04:33 - 17-JUL-2014 04:33 | | 2221 | 022 | 304 - STREET | |

Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|------|------|----------|---------|-----------|----------|--------|-----------------------------|
|------|------|----------|---------|-----------|----------|--------|-----------------------------|

Other Involved Parties

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|-----------------|----------------|---------|-----------|----------------|-----|------|---------|-------|
| CPD Employee | Involved Member | GORMAN, JOHN J | | 022 / | POLICE OFFICER | M | WHI | | |

Involved Party Associations

| Role | Rep. Party Name | Related Person | Relationship |
|------|-----------------|----------------|--------------|
|------|-----------------|----------------|--------------|

Incident Details

| | | | |
|--------------------------------|------|------------------------------|-----|
| CR Required? | | Manner Incident Received? | PAX |
| Confidential? | | Biased Language? | N |
| Extraordinary Occurrence? | N | Bias Based Profiling? | N |
| Police Shooting (U)? | N | Alcohol Related? | N |
| Non Disciplinary Intervention: | N | Pursuit Related? | N |
| Initial Assignment: | IPRA | Violence in Workplace? | N |
| Notify IAD Immediately? | N | Domestic Violence? | N |
| EEO Complaint No.: | | | |
| Civil Suit No.: | | Civil Suit Settled Date: | |
| Notify Chief Administrator? | N | Notify Chief? | |
| Notify Coordinator? | | Notification Does Not Apply? | Y |
| Notification Other? | N | | |
| Notification Comments: | | | |

Incident Category List

| Incident Category | Primary? | Initial? |
|--|----------|----------|
| 20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL | Y | Y |

Investigator History

| Investigator | Type | Assigned Team | Assigned Date | Scheduled End Date | Investigation End Date | No. of Days |
|--------------|------|---------------|---------------|--------------------|------------------------|-------------|
|--------------|------|---------------|---------------|--------------------|------------------------|-------------|

Extension History

| Name | Previous Scheduled End Date | Extended Scheduled End Date | Date Certified Letter Sent | Reason Selected | Explanation | Extension Report Date | Approved By | Approved Date | Approval Comments |
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|

Current Allegations

| Accused Name | Seq. No. | Allegation | Category | Subcategory | Finding |
|--------------|----------|------------|----------|-------------|---------|
|--------------|----------|------------|----------|-------------|---------|

Situations (Allegation Details)

| Accused Name | Alleg. No. | Situation | Victim/Offender Armed? | Weapon Types | Weapon Other | Weapon Recovered? | Deceased? |
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|

Status History

| Resulting Status | Status Date/Time | Created By | Position | UOA / UOD | Comments |
|---------------------------|-------------------|-----------------|----------------------------|-----------|------------------------------|
| CLOSED AT C.O.P.A. | 27-AUG-2014 01:11 | WEEDEN, WILLIAM | DEPUTY CHIEF ADMINISTRATOR | 113 / | |
| ADMINISTRATIVELY CLOSED | 27-AUG-2014 01:10 | WEEDEN, WILLIAM | DEPUTY CHIEF ADMINISTRATOR | 113 / | |
| PENDING ASSIGN TEAM | 18-AUG-2014 09:37 | ROBERTS, GEORGE | SUPERVISING INVESTIGATOR | 113 / | |
| PENDING SUPERVISOR REVIEW | 18-AUG-2014 08:54 | TOUSANT, LISA | INTAKE AIDE | 113 / | |
| PRELIMINARY | 18-AUG-2014 08:54 | TOUSANT, LISA | INTAKE AIDE | 113 / | |
| PRELIMINARY | 01-AUG-2014 01:58 | ROBERTS, GEORGE | SUPERVISING INVESTIGATOR | 113 / | Waiting on drug test results |
| PRELIMINARY | 18-JUL-2014 08:46 | HAYES, SHANNON | INVESTIGATOR 2 COPA | 113 / | |
| PRELIMINARY | 17-JUL-2014 05:42 | STEWART, DENISE | INTAKE AIDE | 113 / | |

Attachments

| No. | Type | Related Person | No. of Pages | Narrative | Original in File | Entered By | Entered Date/Time | Status | Approve Content | Approve Inclusion |
|-----|-----------------------------|----------------|--------------|--|------------------|-----------------|-------------------|----------|-----------------|-------------------|
| 1 | FACE SHEET | | | | | STEWART, DENISE | 17-JUL-2014 05:42 | | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | OFC. J. GORMAN#14913 | N | STEWART, DENISE | 17-JUL-2014 08:25 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 12 | | N | TOUSANT, LISA | 18-AUG-2014 08:53 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | Non-Criminal - Other Non-Criminal Property | N | HAYES, SHANNON | 18-JUL-2014 08:37 | APPROVED | | |

Review Incident

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

Review Accused

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

Accused Finding History

| Accused | Allegation | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Finding | Finding Comments |
|---------|------------|-------------|--------------------|------|---------|---------|------------------|
|---------|------------|-------------|--------------------|------|---------|---------|------------------|

Accused Penalty History

Accused Penalty History

| Accused | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Penalty | Penalty Comments |
|---------|-------------|--------------------|------|---------|---------|------------------|
|---------|-------------|--------------------|------|---------|---------|------------------|

Findings

| Accused Name | Allegations | Category | Concur? | Findings | Comments |
|--------------|-------------|----------|---------|----------|----------|
|--------------|-------------|----------|---------|----------|----------|

FACE SHEET (Notification Date: 17-JUL-2014) - LOG #1070411

TYPE: INFO

Reporting Party Information

| | Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|-----------------------------|-----------------|----------|---------|-----------|--------------------|-----|------|---------|-------|
| CPD Employee | Reporting Party Third Party | NICOL, EDWARD R | 2376 | | 022 / | SERGEANT OF POLICE | M | WHI | | |

Incident Information

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|---------------------------------------|---------------------|------|---------------------|---------------|----------------------|
| 17-JUL-2014 04:33 - 17-JUL-2014 04:33 | | 2221 | 022 | 304 - STREET | |

Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|------|------|----------|---------|-----------|----------|--------|-----------------------------|
|------|------|----------|---------|-----------|----------|--------|-----------------------------|

Incident Details

| | | | |
|--------------------------------|------|------------------------------|-----|
| CR Required? | | Manner Incident Received? | PAX |
| Confidential? | | Biased Language? | N |
| Extraordinary Occurrence? | N | Bias Based Profiling? | N |
| Police Shooting (U)? | N | | |
| Motor Vehicle (V)? | | Alcohol Related? | N |
| Non Disciplinary Intervention: | N | Pursuit Related? | N |
| Initial Assignment: | IPRA | Violence in Workplace? | N |
| Notify IAD Immediately? | N | Domestic Violence? | N |
| EEO Complaint No.: | | | |
| Civil Suit No.: | | Notify Chief? | |
| Notify Chief Administrator? | N | Notification Does Not Apply? | Y |
| Notify Coordinator? | | | |
| Notification Other? | N | | |

Initial Incident Category List

| Initial Incident Category | Primary? |
|--|----------|
| 20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL | Y |

Assignment History

| Assigned To | Assigned Team | Investigator | Assignment Date/Time | Assigned By | Reason |
|-------------|--|--------------|----------------------|-----------------|--------|
| IPRA | CIVILIAN OFFICE OF POLICE ACCOUNTABILITY | - | 17-JUL-2014 17:42 | STEWART, DENISE | |

Status History

| Resulting Status | Status Date/Time | Created By | Position | UOA / UOD | Comments |
|---------------------------|-------------------|-----------------|----------------------------|-----------|------------------------------|
| CLOSED AT C.O.P.A. | 27-AUG-2014 01:11 | WEEDEN, WILLIAM | DEPUTY CHIEF ADMINISTRATOR | 113 / | |
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| PRELIMINARY | 17-JUL-2014 05:42 | STEWART, DENISE | INTAKE AIDE | 113 / | |

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | | | |
|---|---|--|--------------------------------------|---|--|---|---|----------------------------------|--|------------------------------|---|-------------|-----------------------|-------------|-----------------------|--|
| MEMBER INVOLVED | 1. DATE OF INCIDENT 17-JUL-2014 | | TIME 16:32:00 | | 2. ADDRESS OF OCCURRENCE | | | 3. LOCATION CODE 304 | | 4. BEAT/OCCUR 2221 | | | | | | |
| | 5. POSITION 9161 | | 6. LAST NAME GORMAN | | 7. FIRST NAME JOHN J | | 8. STAR NO. 14913 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | | 11. AGE 510 | | 12. HT. 155 | |
| | 14. DATE OF APPT. 26-MAR-2001 | | 15. EMPLOYEE NO. | | 16. UNIT & BEAT OF ASSIGNMENT 022 2272 | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | |
| | 20. LAST NAME | | 21. FIRST NAME | | 22. M.I. | | 23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE | | 25. D.O.B. | | 26. HT. | | 27. WT. | |
| SUBJECT INFORMATION | 28. ADDRESS | | 29. TELEPHONE NO. | | 30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | 31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? | | | | 34. BY WHOM? | | 35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | | | | | |
| | 36. CHARGES PLACED <input checked="" type="checkbox"/> DNA | | | | | | | | 37. CB NO. | | IR NO. <input checked="" type="checkbox"/> DNA | | | | | |
| | | | | | | | | | | | | | | | | |
| REASON FOR USE OF FORCE (Check all that apply) | 38. <input checked="" type="checkbox"/> DNA | | | | | | | | | | | | | | | |
| | SUBJECT'S ACTIONS | | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | ASSAILANT: DEADLY FORCE | | | | | |
| MEMBERS RESPONSE | DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> | | FLED <input type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input type="checkbox"/> | | ATTACK WITH WEAPON <input type="checkbox"/> | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> | | | | | | | |
| | STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | PULLED AWAY <input type="checkbox"/> | | OTHER _____ | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | WEAPON <input type="checkbox"/> | | | | | | | |
| OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | |
| MEMBER PRESENCE <input type="checkbox"/> | | OPEN HAND STRIKE <input type="checkbox"/> | | ELBOW STRIKE <input type="checkbox"/> | | KNEE STRIKE <input type="checkbox"/> | | FIREARM <input type="checkbox"/> | | | | | | | | |
| VERBAL COMMANDS <input type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | OTHER _____ | | | | | | | | |
| ESCORT HOLDS <input type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | | | | | | | | | |
| WRISTLOCK <input type="checkbox"/> | | CANINE <input type="checkbox"/> | | | | | | | | | | | | | | |
| ARMBAR <input type="checkbox"/> | | TASER (Probe Discharge) <input type="checkbox"/> | | | | | | | | | | | | | | |
| PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> | | | | | | | | | | | | | | |
| CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (Laser Targeted) <input type="checkbox"/> | | | | | | | | | | | | | | |
| OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | | | | | | | | | | | | | |
| OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | | | | | | | | | |
| 39. <input type="checkbox"/> DNA | | | | | | | | | | | | | | | | |
| 40. ADDITIONAL INFORMATION R/O DISCHARGED HIS DUTY WEAPON TO DESTROY A PITBULL DOG WHICH CHARGED AT HIM. | | | | | | | | | | | | | | | | |
| 41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER | | | | | | | | | | | | | | | | |
| 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | | | | | | | | | | | | | | | |
| 43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | | | | | | | | | | | | | | | |
| 44. WEATHER CONDITIONS CLEAR | | | | | | | | | | | | | | | | |
| 45. MAKE/MANUFACTURER SIG/S. I. G./SWISS INDUSTRIAL GESELLSCHAFT - SZ-- | | | | | | | | | | | | | | | | |
| 46. MODEL P226 | | | | | | | | | | | | | | | | |
| 47. BARREL LENGTH 4.4 | | | | | | | | | | | | | | | | |
| 48. CALIBER/GAUGE 9 MM | | | | | | | | | | | | | | | | |
| 49. TASER DART ID NO. | | | | | | | | | | | | | | | | |
| 50. WEAPON SERIAL No. (Include Letters) | | | | | | | | | | | | | | | | |
| 51. CHICAGO GUN REG. NO. | | | | | | | | | | | | | | | | |
| 52. IL FIREARM OWNER ID. NO. | | | | | | | | | | | | | | | | |
| 53. HANDGUN CERTIFICATE NO. | | | | | | | | | | | | | | | | |
| 54. SPECIAL WEAPON CERTIFICATE NO. | | | | | | | | | | | | | | | | |
| 55. PROPERTY INVENTORY NO. | | | | | | | | | | | | | | | | |
| 56. TYPE OF AMMUNITION USED Department Issued | | | | | | | | | | | | | | | | |
| 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1 | | | | | | | | | | | | | | | | |
| 58. TOTAL NO. OF SHOTS MEMBER FIRED 3 | | | | | | | | | | | | | | | | |
| 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | | | | | | | | | | | | | | | |
| 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | | | | | | | | | | | | | | | |
| 61. NO. OF CATDRIDGES/ SHOT SHELLS RELOADED | | | | | | | | | | | | | | | | |
| 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | | | | | | | | | | | | | | | | |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | | | | | | | | | | | | | | | |
| 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | | | | | | | | | | | | | | | |
| 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | | | | | | | | | | | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE | | | | | | | | | | | | | | | | |
| 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | | | | | | | | | | | |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | | | | | | | | | | | | | | | |
| 69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | | | | | | | |
| CASE INFO. | 70. EVENT NO. | | | | | | | | | | | | | | | |
| | 71. R.D. NO. | | | | | | | | | | | | | | | |
| SIGNATURES | 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | | | | | | |
| | 73. REPORTING MEMBER (Print Name) GORMAN, JOHN J STAR/EMPLOYEE NO. 14913 SIGNATURE 17-JUL-2014 19:17:15 | | | | | | | | | | | | | | | |
| Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | | | | | | | | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) NICOL, EDWARD R STAR NO. 2376 SIGNATURE 17-JUL-2014 19:20:04 DATE REVIEWED 17-JUL-2014 19:20:04 TIME | | | | | | | | | | | | | | | | |

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Statement is inapplicable for this situation as weapons discharge incident was in order to neutralize a vicious, charging animal (pit bull).

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

All required notifications were made relative to this incident, including IPRA. Non-disciplinary CL# 1070411 was obtained from IPRA in documentation of this weapons discharge incident. Based on all information available at the time of this Tactical Response Report preparation, the reporting captain finds that Officer Gorman's tactical response was consistent with current department policy and written directives pertaining to the use of force and the use of force continuum, in that Officer Gorman discharged his service weapon in order to protect himself and his partner from potentially great bodily harm by an overtly aggressive, charging canine (pit bull). The animal was subsequently destroyed as a result. No injuries or additional property damage were incurred during this incident.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ALEXANDER, MICHAEL A

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

17-JUL-2014 19:36:44

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

1

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C)

RD # [REDACTED]
EVENT # [REDACTED]
Case ID: [REDACTED]

| | | | |
|----------|---|------------|--|
| INCIDENT | CLOSED NON-CRIMINAL | | |
| | IUCR: 5081 - Non-Criminal - Other Non-Criminal Property | | |
| | Occurrence Location: [REDACTED] 304 - Street | Beat: 2221 | Unit Assigned: 2202 RO Arrival Date: 17 July 2014 17:36 |
| | Occurrence Date: 17 July 2014 16:33 | | |

| | | | | |
|--|--|---------------------|---------------------|---------------|
| NON OFFENDER | VICTIM - Individual | | | |
| | Name: UNK, Unk | | Demographics | |
| | Res: [REDACTED] | Beat: 2221 | Unknown | Age: 30 Years |
| | | Beat: 5100 | Unknown | |
| | Sobriety: Sober | | | |
| | PERSON REPORTING OFFENSE - Individual | | | |
| | Name: [REDACTED] | | Demographics | |
| | Res: [REDACTED] | Beat: 2212 | Male | Age: 52 Years |
| | | Beat: 5100 | White | |
| | Empl: CPD Police Officer - Chicago | | | |
| Other Communications and Availability | | | | |
| Residence [REDACTED] | | | | |
| Phone: 16:00:00 - 23:00:00 | | | | |
| Available Time | | | | |
| PERSON REPORTING OFFENSE - Individual | | | | |
| Name: [REDACTED] | | Demographics | | |
| Res: [REDACTED] | Beat: 2221 | Female | Age: 40 Years | |
| | Beat: 5100 | Black | | |
| Other Communications and Availability | | | | |
| Residence [REDACTED] | | | | |
| Phone: 08:00:00 - 23:00:00 | | | | |
| Available Time | | | | |

| | | |
|---------------|--|--|
| DOMESTIC INFO | | |
| | | |

OTHER

Miscellaneous

Victim Information ProvidedFlash Message Sent ? No

OTHER PROPERTIES

Property #1

Possessor/User: UNK, UNK

Type: Other

Description: Pitbull Dog Brown & WhiteOwner: Unk Unk

Used as Weapon? No

Taken/Stolen? No

Recovered? No

Damaged? No

NARRATIVE

IN SUMMARY: R/O WAS ASSIGNED TO 022 DISTRICT DESK BEAT 2202. R/O WAS ASSIGNED TO DO THIS REPORT BY THE 3RD WATCH DSS (SGT. LONG # 1171.) BEAT 2221A WAS ASSIGNED A CALL UNDER EVENT # OF AN ANIMAL FIGHT AT ABOVE WITNESS OBSERVED (2) PITBULLS FIGHTING. BEAT 2272 WAS IN THE AREA AND RESPONDED TO ABOVE LOCATION. UPON ARRIVAL BEAT 2272 LOCATED A LARGE BROWN AND WHITE PITBULL DOG. OFFICERS GORMAN #14913 AND NEYLON #14722 ATTEMPTED TO CORRAL DOG INTO THEIR VEHICLE. SAME DOG THEN CHARGED AT PO GORMAN. PO GORMAN IN FEAR OF BEING ATTACKED BY THE DOG DISCHARGED HIS WEAPON (1 TIME) INJURING THE DOG. SAID DOG THEN FLED FROM THE AREA GOING EAST BOUND ON PO GORMAN AND PO SIEDLECKI #7758 IN 2221A'S VEHICLE TOURED THE AREA AND LOCATED SAME DOG ON THE BLOCK OF PO GORMAN OBSERVED THE DOG WAS WOUNDED. AT WHICH TIME SAME DOG RAN IN THE DIRECTION OF PO GORMAN. PO GORMAN IN FEAR OF BEING ATTACKED BY SAME DOG DISCHARGED HIS WEAPON (2) MORE TIMES AND THUS DESTROYING SAID PITBULL DOG. PO GORMAN THEN NOTIFIED OEMC AND BEAT 2220 (WHO ARRIVED ON SCENE.) SGT. WRIGHT #1336 AT AREA SOUTH HGS NOTIFIED AT 1728 HRS. SGT. LONG #1171 DSS NOTIFIED AT 1648 HRS AT THE 022 DISTRICT DESK. BEAT 2200X CAPT. ALEXANDER #69 RESPONDED TO THE SCENE. PO GORMAN #14913 AND PO NEYLON #14722 REMOVED SAID DOG FROM THE SCENE AND PLACED IT IN THE BACK OF THEIR VAN VEHICLE #6808. BEAT 2272 THEN BROUGHT SAID DOG TO THE 022 DISTRICT WHERE ANIMAL CONTROL BEAT #217 WILLIAMS #307 PICKED UP THE DOG AT 1814 HOURS TRANSPORTED THE DOG TO THE ANIMAL CARE AND CONTROL AT BEAT 2220 SGT. NICOL #2376 OBTAINED A LOG #1070411. R/O ERKLIN #13020 INVENTORIED (1) 9MM CASING UNDER INVENTORY #

PERSONNEL

| | Star No | Emp No | Name | User | Date | Unit | Beat |
|----------------------|---------|--------|------------------|------|-------------------|------|------|
| Approving Supervisor | 2376 | | NICOL, Edward, R | | 17 Jul 2014 19:06 | 022 | |
| Reporting Officer | 13020 | | ERKLIN, Judy, M | | 17 Jul 2014 18:30 | 022 | 2202 |



BUREAU OF INTERNAL AFFAIRS
General Investigations Division

17 Jul 2014
LOG#1070411

TO: Juan J. RIVERA
Chief
Bureau of Internal Affairs

FROM: Sgt James FIEDLER #1989
Bureau of Internal Affairs

SUBJECT: Synoptic Report- Weapons Discharge-Animal

BAC RESULTS: .0000
Reference: Log# 1070411
WD# [REDACTED]
RD# [REDACTED]
Event [REDACTED]

INCIDENT LOCATION: [REDACTED]


INCIDENT DATE/TIME: 17 Jul 2014/1633hrs


OCIC: Capt. Michael ALEXANDER #69

INVOLVED MEMBER: Police Officer John GORMAN
Star# 14913
Employee# [REDACTED]
Date of Appointment: 26 Mar 2001
Date of Birth: [REDACTED]
Unit of Assignment: 022

SUMMARY:

R/Sgt received notification from CPIC Police Officer Joann LOCULLO #8769 at 1656 hours on 17 Jul 2014 regarding a firearms discharge incident in the 022nd District. R/Sgt arrived and immediately began the 20 minute observation period of Police Officer John GORMAN at 1800hours. Officer GORMAN was presented with the Notice of Alcohol and Drug Testing Following a Firearms Discharge Incident form. The breath test for Officer GORMAN was conducted at 1820 hours and the BAC was .000. The OCIC was notified of the results. R/Sgt also collected a urine specimen of Officer GORMAN at 1835hours.


James FIEDLER #1989
Sergeant
Bureau of Internal Affairs


Susan CLARK #320
Lieutenant
Bureau of Internal Affairs-Administration



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name John GORMAN Title Police Officer
Star No. 14913 Employee No. [REDACTED] Unit 022

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

| Print Member's Name | | Involved Member's Signature | Date and Time |
|------------------------------|---------------------------|--------------------------------|-----------------|
| John GORMAN | | <i>John Gorman</i> | 17 Jul 14/ 1800 |
| Type of Test: Alcohol | Location: 1900 W Monterey | Date and Time: 17 Jul 14/ 1820 | |
| Type of Test: Drug | Location: 1900 W Monterey | Date and Time: 17 Jul 14/ 1831 | |

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

| B.I.A. Supervisor's Name | B.I.A. Supervisor's Signature | Date and Time |
|------------------------------|-------------------------------|-----------------|
| Sergeant James FIEDLER #1989 | <i>[Signature]</i> | 17 Jul 14/ 1840 |

CPD-44.252 (REV. 6/12)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by FIEOLAN

☐ Employer Representative _____

Signature of Employer Representative

PART I -

A. On the 17 day of JULY, 2014 at 1835, I, JOHN GORMAN
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt J. FIEOLAN #1585, and witnessed this member:
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number _____

A B
MAIN TEST VIAL - NO. ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

John Gorman 14913

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

[Signature] 1585

PART II -

The urine specimen with the control number _____ received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

[Signature], on 7/17/14, at 1905
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____ was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER) and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

OWA

First:

E. Donor ID Verified:

☒ Photo ID

☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99)

WEAPONS DISCHARGE

G. Drug Tests to be Performed:

X 39400N SMP 9-50/300 +ADHA/H

H. Collection Site Name:

022ND DISTRICT

Collection Site Code:

Address:

1500 W MONTEREY

City, State and Zip:

CHGO IL

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ X

Signature of Collector

JAMES FIEDLER

(Print) Collector's Name (First, MI, Last)

Time of Collection

07:17:14

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier

☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

☒ X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒ X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo. Day Yr.

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 17 day of July 2014 C. P. MOE # 26836

received a collected urine specimen from X FIEDLER # 1888. The specimen was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by C. P. MOE in the presence of X Fiedler

The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest

Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by C. P. MOE

, as witnessed by X FIEDLER

Specimen delivered by: X [Signature] # 1888

Received/stored by: C. P. MOE # 26836

TEST RECORD
RBT IV



OPERATOR

FIEDLER # 1988

WITNESS

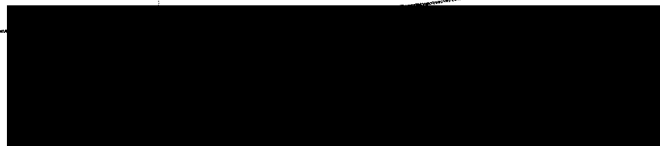
TEST LOCATION

1070911

| | |
|------------------------------|-------|
| Last Name: <u>Gorman</u> | |
| First Name: <u>John</u> | |
| Rank: <u>P.O.</u> | |
| Star #: <u>14913</u> | |
| Unit: <u>022</u> | |
| Home Zip Code: _____ | |
| Date Hired: <u>26 MAR 01</u> | |
| Birthdate: _____ | _____ |

Last Name: Gorman
 First Name: John
 Rank: P.O.
 Star #: 14913
 Unit: 022
 Home Zip Code: _____
 Date Hired: 26 Mar 01
 Birthdate: [REDACTED]

copy Sgt. T. Yvonne
 7/17/14



DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified
☒ Photo I. D. by FIEDLER
☐ Employer Representative _____
 Signature of Employer Representative _____

PART I - A. On the 17 day of JULY, 2014 at 1835, I, JOHN GORMAN,
 (TIME) (PRINT NAME)
 removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
 same cup, then I delivered this cup containing my urine specimen to SGT T. FIEDLER
 and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.
 C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.
 D. Close the vial cap.
 E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number _____
 F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number _____

| | | | |
|--|------------------------------|--|------------------------------------|
| EXAMINEE'S SIGNATURE <u>John Gorman</u> | STAR/EMP NO. <u>14913</u> | WITNESS'S SIGNATURE <u>[Signature]</u> | STAR/EMP NO. <u>1585</u> |
| RECEIVING STAFF MEMBER'S SIGNATURE <u>[Signature]</u> | STAR/EMP NO. <u>1585</u> | SUPERVISOR'S SIGNATURE <u>[Signature]</u> | STAR/EMP NO. <u>[Signature]</u> |

PART II - The urine specimen with the control number _____ received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:
C. Moore, on 7/17/14, at 1905
 (STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
 was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER)
 and then delivered to _____, on _____, at _____
 (LAB MEMBER) (DATE) (TIME)
 Specimen received by _____ (LAB MEMBER'S INITIALS)
 _____ (RDTU MEMBER'S SIGNATURE) STAR/EMP NO. _____

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: DUMA

First:

E. Donor ID Verified:

☒ Photo ID ☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) WEAPONS DISCHARGE

G. Drug Tests to be Performed:

H. Collection Site Name:

022ND DISTRICT

Collection Site Code:

Address: 1800 W MONTEREY

City, State and Zip: CHICAGO IL

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☐ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒

Signature of Collector

Time of Collection

07/17/14

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx
☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes
☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo. Day Yr.

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 17 day of July, 2014, C. P. MOE #26836

received a collected urine specimen from X FIEDLER #1888. The specimen was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by C. P. MOE in the presence of X FIEDLER.

The following items were removed from the container:
Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by C. P. MOE, as witnessed by X FIEDLER.

Specimen delivered by: X [Signature] # 1888
Signature

Received/stored by: [Signature] # 26836
Signature



7/21/2014 5:20:21 AM

Drug Detail Report

PATIENT INFORMATION

DNA

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION: [REDACTED]
LAB REF NO: [REDACTED]
COLLECTED: 7/17/2014 18:35
RECEIVED: 7/19/2014 05:51
REPORTED: 7/19/2014 11:13
DOCUMENT ID:

CLIENT INFORMATION

[REDACTED]
USHW/CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653
CSL: N/P

Reason: OTHER -- WEAPONS DISCHARGE

Tests Ordered: 39409N

Integrity Checks

Acceptable Range

| | | |
|-----------------------|------------|--------------|
| CREATININE | 26.5 mg/dL | >/= 20 mg/dL |
| pH | 5.7 | 4.5-8.9 |
| OXIDIZING ADULTERANTS | Negative | |

Substance Abuse Panel

| | | Initial Test Level | GC/MS Confirm Test Level |
|-----------------------|----------|-----------------------|-----------------------------|
| AMPHETAMINES | Negative | 1000 ng/mL | 500 ng/mL |
| BARBITURATES | Negative | 300 ng/mL | 200 ng/mL |
| BENZODIAZEPINES | Negative | 300 ng/mL | 200 ng/mL |
| COCAINE METABOLITES | Negative | 300 ng/mL | 150 ng/mL |
| MARIJUANA METABOLITES | Negative | 50 ng/mL | 15 ng/mL |
| METHADONE | Negative | 300 ng/mL | 200 ng/mL |
| MDA-ANALOGUES | Negative | 250 ng/mL | 200 ng/mL |
| OPIATES | Negative | 300 ng/mL | 300 ng/mL |
| OXYCODONES | Negative | 100 ng/mL | 100 ng/mL |
| PHENCYCLIDINE | Negative | 25 ng/mL | 25 ng/mL |
| PROPOXYPHENE | Negative | 300 ng/mL | 200 ng/mL |

CERTIFYING SCIENTIST: [REDACTED]

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE mapped to OTHR